



EXPEDITED PROCEDURE
EXAMINING GROUP 1812
PATENT
GAUTVIK 3.0-001 FWC CIP CONT FWC DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of
Gautvik et al.

Serial No. 08/340,664

Filed: November 16, 1994

For: PRODUCTION OF HUMAN PARATHYROID
HORMONE FROM MICROORGANISMS

Group Art Unit: 1812

Examiner: L. Spector

Date: July 11, 1997

PL

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GROUP 1812

Box AF
Assistant Commissioner For Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in response to a final rejection in the above-identified application.

- ☐ This submission is being filed under 37 C.F.R. §1.116.
- ☐ This is a first submission under 37 C.F.R. §1.129 and does not introduce new matter into the disclosure. Please enter the amendment and withdraw the finality.
- ☒ This is a second submission under 37 C.F.R. §1.129 and does not introduce new matter into the disclosure. A first submission and fee were submitted on November 25, 1996. Please enter the amendment and withdraw the finality.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | | | | |
|---|---|-----------|----------------------------------|---------------------------------|---------|--------------|--------|--|--|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PAID FOR | NUMBER OF EXTRA CLAIMS | RATE | ADDL. FEE | | | |
| TOTAL CLAIMS | * 23 | MINUS ** | 21 | = 2 | x \$ 22 | = \$ | 44.00 | | |
| INDEP. CLAIMS | * 10 | MINUS *** | 8 | = 2 | x \$ 80 | = \$ | 160.00 | | |
| FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S) | | | | | \$260 | = \$ | 0 | | |
| FEE FOR ENTRY OF SUBMISSION AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.129(a) | | | | | \$770 | = \$ | 770.00 | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT..... | | | | | | \$ | 974.00 | | |

* If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.

** If the "highest number previously paid for" in this space is less than 20, write "20" in this space.

*** If the "highest number previously paid for" in this space is less than 3, write "3" in this space.

- ☐ No additional fee is required.
- ☒ A check in the amount of \$974.00 is attached.
- ☐ Charge \$_____ to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.

LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK


MICHAEL H. TESCHNER
Attorney of Record Reg. No. 32,862

600 South Avenue West
Westfield, NJ 07090-1497
Telephone: (908) 654-5000
Facsimile: (908) 654-7866